

This form must be attached to DHHS Form 1253 - Request for Financial Investigation when sending to Branch Banking & Trust (BB&T) or other financial institutions that require it. Financial institutions requiring the use of this form have been identified by the Division of Policy and Planning and are listed in the state policy manual.

Date \_\_\_\_\_

## To Be Completed By SCDHHS

Location/County Office:	Eligibility Worker:
Applicant/Beneficiary Name:	Budget Group Number:

## For Use By Financial Institution

**The completed form must be attached to any invoice submitted to SCDHHS for payment.**

Name of Financial Institution:	Charge Amount:
Financial Institution Representative:	Date: